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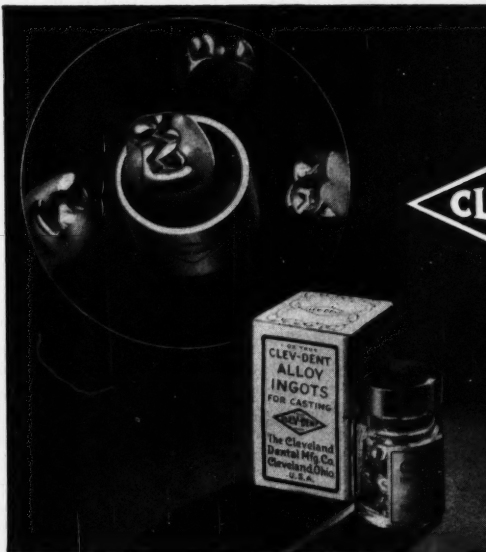
# Oral Hygiene

JUNE 1953



View of mountains near Juneau, Alaska. The Alaska Territorial  
Dental Society Meeting will be held in Juneau, July 12-16.

**In this issue: *The Hush-Hush Field Of Fees***



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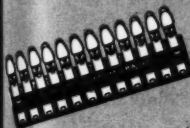
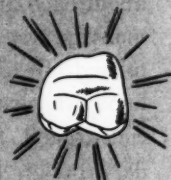
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## The Publisher's CORNER

By Mass

No. 383



### When Readers Write

BEFORE NOW, this department has told about ORAL HYGIENE's continuing study of readers' opinions of the magazine's text section. Each month, a cross-section group of dentists is questioned about each article and department. This has been going on for many years, during which time only two or three issues were missed. Readers are invited to disagree: "We would like to know what you like (or don't like) in the current issue." Thus encouraged, few hesitate about thumbing-down an article or a department. This is good. When these same men praise something, you can believe they really mean it.

Typical is the reply of a Salt Lake City dentist, who finds O.H. "very worth while," remarking that it "touches subjects the other journals don't." But, although he gives a good rating to most of the issue, he is frank to say that an article about "The Professional Man and His Money" is, in his opinion, "too general." But a South Carolina dentist (whose reply is next in the pile) rates the same article as "very enlightening." And another South Carolina dentist says, "I have discussed this article with

P

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many of my friends." Other readers give the same article good marks. But a few others side with the Salt Lake City dentist who didn't care for it. Perhaps never has any one article or department won a hundred per cent approval. If it did, you would have to be skeptical. In real life, universal approval practically never happens.

In ORAL HYGIENE, it likely comes closest to happening with respect to replies about the Laffodontia department. Only rarely does any reader give this page a bad mark. Now and then someone does—usually because he believes that a professional journal should not publish such a department. Laffodontia's high standing with readers is one more feather in the cap of versatile Publication Manager Bob Ketterer, who had this page wished on him many years ago. He takes care of it in his stride, as he does an appalling number of other responsibilities.

One feature about which there is a wide difference of opinion is "Picture of the Month." Readers either like it, or do *not*—very definitely. The reason for not liking it is usually: "I never find pictures of anyone I know," or something similar.

Often, a reply carries a comment summing up the reader's opinion, like this Albany, Georgia, dentist's: "I like ORAL HYGIENE. It is simply written, well balanced, and condensed for effortless reading. Read a little each night after retiring."

A New Hampshire dentist is one who recognizes that O.H. really is different, fills a special need of the profession: "A compact magazine that keeps one informed on things that are not found in other journals."

But the most interesting thing about the monthly replies is the fact that few readers hesitate about giving a feature a bad mark.

VOL. 43, NO. 6

# Oral Hygiene

JUNE 1953

REGISTERED IN U. S. PATENT OFFICE

*Circulation more than 77,000 copies monthly*

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ORAL HYGIENE FOR JUNE 1953 • 43rd YEAR

## *Picture of the Month*



DOCTOR Rodney Lilyquist, dentist of La Canada, California, performed the fatherly duty of giving his daughter in marriage while lying on a stretcher. He is recovering from a second spinal operation. Doctor Lilyquist was brought to North Glendale Methodist Church by ambulance, then wheeled up the aisle on the stretcher to respond to the Reverend Bernard Travaille's question of who gave Carla, 19, in marriage. Still on the stretcher, Doctor Lilyquist took his place in the reception line with his wife. Sisters of the bride, Gretchen and Christine Lilyquist, acted as maid of honor and junior maid of honor. Doctor Lilyquist's daughter Carla, married Wallace I. Benson, a pretheological student at Pasadena City College.—*Photographed by International News Photos.*

*Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.*



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**S S S S S S S S S S S S S S S**

**BY SIDNEY SCOTT ROSS**

SOME DENTISTS are peculiar people. They take care of every financial duty in the home—such as writing checks; balancing the monthly bank statement; paying the rent and all utility bills; preparing income-tax returns; and, paying premiums on life, automobile, fire, and other types of insurance. Without consulting their wives, they buy real estate, stocks and bonds, take out life insurance, make wills, and establish trust funds.

This assumption of responsibil-

Should these dentists die suddenly, their wives are indeed in trouble. The widow immediately faces a host of problems. Even though grief-stricken, she must obtain answers to questions such as the following:

- 781

Can I get along on the income from this money, or must I get a job?

6. Can I afford to maintain my home, or must I sell it?

7. Can I afford to keep my son in college?

A dentist, therefore, is not protecting or shielding his wife, if he keeps her in the dark about his personal, financial life. *Now* is the time for him to discuss his finances with her. He should give his wife the following information:

1. The names, addresses, and telephone numbers of his lawyer, his insurance agent or adviser, and his financial adviser.

2. The location of a will, important records and documents, and his safe-deposit box.

3. A list of property—real estate, stocks, bonds, automobile, and other assets; and any outstanding loans or debts.

4. A list of insurance policies—life, fire, auto, accident and health.

5. A list of the husband's bank accounts.

6. Duplicates of federal and state income-tax returns for previous years.

7. Miscellaneous records—social security card, birth certificate, marriage record, and record of military service.

8. A frank discussion of the approximate size of the husband's annual income, his yearly expenses, and amount saved annually.

*The Will:* Many people have a fear of making a will. They may

be superstitious, and so this disagreeable task is postponed until it is too late. Yet, through a will, a dentist can protect his wife and make sure that his wishes regarding disposition of his property after death will be carried out.

If a dentist, then, has not made out his will, now is the time to do so. He should discuss the provisions of the will with his wife, and together they should work out the best possible plans for the family.

Although, in theory, any person can draw up his will, for peace of mind, have a lawyer do the job, and his fee will prove a wise investment. You, the dentist, will thus avoid lawsuits and other legal complications after your death. There will be a minimum of delay and expense in settling your estate; and less squabbling among relatives. In short, you will prevent trouble and unhappiness.

Do not fail to tell your wife and your lawyer the location of your will. Also, make sure that you select a lawyer who is competent, reliable, and experienced, and in whom you have complete confidence. Such a lawyer will be of assistance to your wife in her hour of need. He will help her through all the necessary legal "red-tape"; and assist her in settling your estate and business affairs with a minimum of expense, heartache, and disillusionment.

*Joint Ownership:* If a dentist and his wife have confidence in one another, they should consider

joint ownership of such property as money in bank accounts, stocks and bonds, and real estate.

Upon the death of either husband or wife, costly and time-consuming legal entanglements in the settlement of an estate can be avoided by joint ownership—especially the time required for transfer of jointly owned property to the surviving spouse, which may take only a few days in some states. *Because each state's laws are different*, and since there are many variations of joint ownership—such as “tenancy in common,” “joint tenancy with right of survivorship,” and, “tenancy by the entirety,” do not neglect to consult your lawyer.

**Life Insurance and Investments:** Many dentists have been paying premiums on their life insurance policies for a long period. Now is the time to see if revision is necessary. Husband and wife, and a life insurance agent or counselor in whom they have complete confidence, should discuss the husband's insurance program carefully and in detail.

Does the dentist's life insurance program meet present-day needs and conditions? Has the dentist considered such factors as his age, state of health, needs of his dependents, and rise in living costs?

Many women do not have the faintest notion about investments. As a result, they are easy prey for exploiting relatives and “friends,” and for smooth-talking, flattering

★ ★ ★ ★ ★ ★ ★ ★

#### ORAL HYGIENE AWARD

THIS ARTICLE by Sidney Scott Ross has won the \$100 ORAL HYGIENE award for the best feature published this month.

★ ★ ★ ★ ★ ★ ★ ★

swindlers. It is, therefore, wise to have life insurance proceeds paid to your wife in monthly installments, rather than in one lump sum.

A wife should, however, begin to learn about investments and other personal finance matters *now*. With the guidance of her husband, she can help with the financial details of the household and family; help prepare income-tax returns; clip bond coupons; and, account for stock dividends. A wife can attend courses given by many Stock Exchange and other investment firms, and also at many community centers and schools.

Some husbands have made a thorough study of real estate, stocks and bonds, and other forms of investment, and have been successful in increasing both capital and income from these sources; but their knowledge will die with them. If your wife is financially inept, or is not interested in business matters, then you may be reluctant to will your property directly to her and your children, fearing your estate will be dissipated quickly after your death. In

such a case, provided the estate is quite sizable, in making your will, you should consider leaving your property *in trust* for your wife and children, and having the property administered by a bank or trust company.

Husband and wife, together with their lawyer and banker, or other financial adviser, should explore thoroughly various trust plans—such as the “testamentary” trust, the “living” trust, the “life insurance” trust—to see which is most

suitable, at the same time they are discussing the provisions of the dentist's will.

The procedures briefly outlined here will be of inestimable value if a wife outlives her husband. They should also improve the family relationship, bring husband and wife closer together, and make the wife a more sympathetic and understanding marriage partner.

3070 Hull Avenue  
New York 67, New York

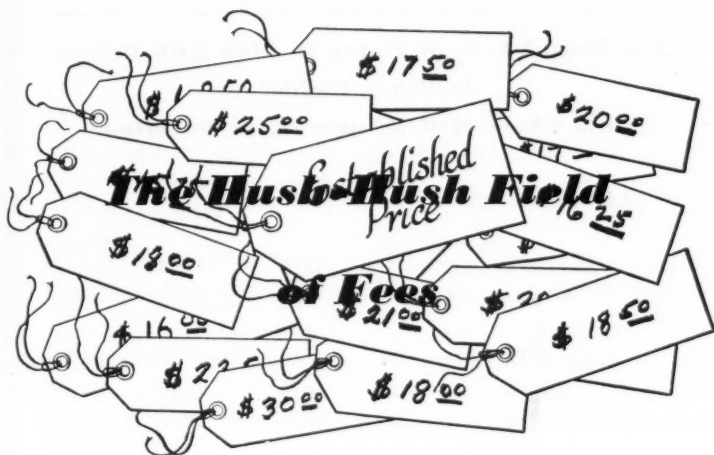
#### PROFESSIONAL MEN DENIED COMMISSIONS

OF 12,527 physicians brought into the military services since the start of the “doctor draft,” only six, or about one in every 2,000, have been denied commissions because of questions of loyalty. For dentists, the proportion is about the same, three out of 5,409. The statistics for all services were compiled by the Army Surgeon General's Office after publication of a news story charging that “40 doctors and dentists who refused to fill out loyalty forms have been drafted in the Armed Forces as privates during the past two years.” The story apparently was based on the fact that a total of 42 physicians and dentists have been inducted as privates from the start of the Korean war through March 1953. All but six physicians and three dentists, however, eventually were commissioned or discharged for disability. In explanation, the Army statement declared: “Probably most of the 31 who were drafted but eventually commissioned (18 physicians and 13 dentists) simply waited too long before applying for their commissions . . . One point should be plain. The 31 who eventually were commissioned would not have received their commissions if there was any real question as to their loyalty.”—*Journal of the American Medical Association*.

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BY J. GARRETT REILLY, D.D.S.

***Dentists should unite to see that their incomes advance at the same rate as those of industrial workers.***

THIS IS a suggested procedure for raising dental fees. Let us examine it with an open mind. My opinions in many cases will not coincide with yours, but we have to start somewhere, so why not here.

The cost of every commodity and of living in general has increased proportionately more than dental services in the last thirty-five years. In order to live on equal terms, our fees must be adjusted to standards of 1953. Thereafter, they should be adjusted semiannually.

It is no accident that all coal dealers, or milk dealers, or oil companies, make the same charge

for their product. Increases are adopted simultaneously. Leaders in these industries meet and set the rate. They meet regularly and adjust prices, as often as necessary, to maintain their equality with other industries.

If we would hire an accountant to tell us what our minimum fees should be, in order to keep us abreast of increases in other fields, we could advance our incomes on a commensurate basis.

We must unite and work together. Carpenters work together for their mutual benefit. The increases for the barber shown in the accompanying chart did not

**Are Dental Fees of Today in Line with Prices  
in Other Fields?**

**This Chart Will Answer That Question.**

<i>Ford Automobiles</i>			<i>Dentistry Dentures</i>		
1918	1953	<i>Approximate Increase</i>	1918	1953	<i>Approximate Increase</i>
\$800	\$2000	150%	\$50	\$100	100%
<i>Taxicab Fares</i>			<i>Amalgams (Minimum)</i>		
1918	1953		1918	1953	
20-30-40c	40-60-80c	100%	\$2.00	\$3.00	50%
<i>Carpenter's Wages</i>			<i>Fixed Bridgework (Unit)</i>		
1918	1953		1918	1953	
75c	\$2.25	200%	\$15.00	\$25.00	66 $\frac{2}{3}$ %
<i>Bricklayers (Hour)</i>			<i>Full X-Ray</i>		
1918	1953		1918	1953	
\$1.00	\$3.00	200%	\$5.00	\$10.00	100%
<i>Barbers (Haircut)</i>			<i>Cement Filling</i>		
1918	1953		1918	1953	
25c	\$1.25	400%	\$1.00	\$2.00	100%
<i>(Shave)</i>			<i>Cavity Lining</i>		
1918	1953		1918	1953	
15c	75c	400%	\$1.00	\$2.00	100%
<i>Dental Chairs</i>			<i>Prophylaxis</i>		
1918	1953		1918	1953	
\$225	\$850	300%	\$2.00	\$5.00	150%

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*Dental Assistants*

1918	1953	Approximate Increase
\$20.00	\$60.00	200%

*Inlays (Minimum)*

1918	1953	Approximate Increase
\$10.00	\$15.00	50%

*Men's Suits*

1918	1953	
\$25-50	\$75-150	200%

*Silicates*

1918	1953	
\$2.00	\$5.00	150%

*Plumbers (Hour)*

1918	1953	
75c	\$3.00	300%

*X-Ray (Single)*

1918	1953	
\$1.00	\$2.00	100%

*Bread (Loaf)*

1918	1953	
5c	16c	220%

*Consultation*

1918	1953	
0	0	0%

*Laborers (Hour)*

1918	1953	
35c	\$1.25	250%

*Extractions*

1918	1953	
\$2.00	\$5.00	150%

*Shoes*

1918	1953	
\$4.00	\$20.00	400%

*Crowns (Gold)*

1918	1953	
\$15.00	\$30.00	100%

*Milk (Quart)*

1918	1953	
8c	22c	175%

*Repairs*

1918	1953	
\$4.00	\$8.00	100%

**EDITOR'S NOTE:** *The dental fee schedule given represents one dentist's opinion. In most communities, the existing fees of 1953 are substantially larger than those given in this table.*

---

just happen. They were planned by the barbers who are now receiving top rates. In my opinion, dentists are missing the boat.

Are dentists afraid to organize as the milk drivers have? In 1918 milkmen earned a weekly wage of \$25. In 1953 their wages are about \$100 per week. This is an increase of 300 per cent. This was not unpremeditated. They organized, and for their families' sake, they adjusted their income to inflation, so they could maintain their standard of living.

Are dentists *above* accepting *their place* beside small business men and others who have embraced Social Security? *Yes*, at the convention in St. Louis, nine out of ten delegates voted "No." They booed and heckled those who were courageous enough to speak for it. An orchid for the Massachusetts delegation who voted 100 per cent for Old-Age and Survivors Insurance!

In my dental career of thirty-eight years, I have always noted a tendency among the men who are leaders, because of their success in outstanding workmanship or personality, to let down the rank and file of the profession. There is a sin of omission. They are in the position of power and could see

that the average dentist is placed in a position equal to that of men in other fields, insofar as commensurate fees are concerned.

Are most dentists afraid of their future? I say *yes*.

If they would follow these suggestions, they could help to alleviate fear and build confidence:

1. Meet regularly for the sole purpose of adjusting fees and discussing pertinent economic problems.

2. Accept social security and old-age assistance in the form of Survivors Insurance.

3. Discuss their financial problems frankly with each other, so that the true story of their economic condition would be known.

If these things were done, steps could be taken to solve our problem.

The size of the fee should be determined by the overhead, which represents the cost of doing business. When this goes up, fees should also increase proportionately. Since the overhead was approximately 25 per cent in 1918, and 50 per cent in 1953, dental fees should advance at least 100 per cent on all services.

2401 North Capitol Street  
Washington 2, D.C.

#### THOUGHTS AND FEELINGS

THOUGHTS can be exchanged, accepted, or rejected, like an objective commodity. Feelings are strictly personal and singular, incapable of being exchanged or shared.—*Mental Health*, Abraham A. Low, M.D.



## ***Music Can Soothe Your Patient***

***To minimize your patient's tension, supply good music with the  
best sound reproduction system available.***

**BY ERNEST W. FAIR**

"AILMENTS of my patients are often accompanied by a bad case of jitters, which makes the initial appointment rather difficult and I am afraid they get those jitters right out there in my reception room," a dentist friend told me the other day, "and I cannot blame them a bit."

I told him about the experiences of a number of dentists and physicians throughout the country who have solved the problem by installing High Fidelity sound reproduction systems to provide soothing music for their patients.

"That did it," this friend told

me a month later, "now my patients are in better humor, more relaxed, and I can actually handle a great many more in my chair in the same amount of time. There are no preliminaries needed to soothe their jangled reflexes."

The cost? Anywhere from \$250 to \$400 for a good High Fidelity system, which will include operation for as much as half a day without attention.

You can buy a conventional record player for as little as \$25, but the effectiveness of this is minute (particularly for dental purposes) when compared with the service High Fidelity sound reproduction can give you.

The effectiveness of the music you play in your reception room will depend entirely on how it is reproduced. It is obvious that the "juke box" type of music will make conditions worse for your patients than if you had nothing at all. The classical and semi-classical type of music, concert recordings, dinner music, are types of entertainment that will soothe and relax the nervous patient, who must await his or her turn in your outer office.

High Fidelity reproduction equipment is needed because it alone can capture the realism and breadth of tonal expression that you need to make such music effective for your listeners. The ordinary phonograph equipment is not designed to reproduce all of the sounds your ears can pick up and particularly those which are in long playing recordings.

Even the best recording outfits reproduce only about half of the full audible range, while the High Fidelity system permits us to hear the entire range. The ordinary radio phonograph gives us from just under 200 cycles per second to somewhere near 6,000 cycles per second, while High Fidelity reproduces from 20 cycles per second to 18,000 cycles per second—the full range of the human ear.

These figures can be checked against the cycle figures for the following: male voice, 100 to 8,300 cycles; female voice, 170 to 10,000; flute, 261 to 18,000;

piccolo, 587 to 18,000; saxophone, 55 to 18,000; violin, 190 to 18,000; clarinet, 146 to 14,500; trumpet, 164 to 9,500; piano, 30 to 6,500; and bass drum, 52 to 5,500.

#### No Undesirable Sounds

There is another important reason why you as a dentist should make certain the sound you buy is High Fidelity. Such a system is entirely free from distortion, extra noises, and effects that were not part of the original music; such as humming, squealing, hissing, fuzziness, and overlap of notes.

The average High Fidelity system seldom comes in an expensive cabinet. It comprises a group of pre-assembled units selected individually to suit the needs of your own office, ready to plug together. They are: amplifier, tuner, record player, and a speaker.

The record player selected can be of many different types and sizes or combinations of these, but the choice of a good magnetic pickup is absolutely essential to tonal qualities. On these units the pickup is purchased separately and contains the needle, which may be either sapphire or diamond. While the diamond costs more, it lasts much longer and is safer for your records.

These units are easy to assemble by merely plugging in connecting cables—no need for special skills or tools. If you prefer,

the radio parts jobber or service man from whom you buy the equipment, will assemble the parts.

High Fidelity units are sold by suppliers of radio parts and they have already made such installations in dentists and physicians offices in some areas. It is best to sit down with this supplier and work out the combination of units based on your budget and the kind of installation you have in mind.

If a little extra money is available in the budget, the dentist can well have this supplier show him how a tape recording unit in his system can be used. It is the most perfect method yet devised for transcribing sound. New as it is, the tape is used as the master recording for more than 90 per cent of all new disc records.

One of the big advantages of such a system is that it can ac-

tually be built into the walls or furniture of the dentist's office at nominal cost. Actual experiences have shown that the effectiveness of such units in a dental office will be much greater if the units are out of sight with only the speaker itself in the reception room.

Such a system may also be purchased at nominal cost with basic units of tuner, amplifier, speaker, and record player. Other units, such as radio and television, may be added to the set in the future without tearing apart or rebuilding the original units.

Thus, a \$250 to \$400 investment in a dental office will not only soothe the patient, but give the dentist a great deal more efficiency in the operation of his office.

Box 780

Bristow, Oklahoma

### THE COVER

PICTURED on this month's cover is a chain of mountains near Juneau. The Alaska Territorial Dental Society will hold its annual meeting in Juneau from July 12 to 16. Following the meeting, many dentists will attend the three-day Annual Salmon Derby, which is the outstanding sporting event of Southeastern Alaska. All correspondence concerning the meeting should be directed to the Society's secretary, Doctor Joyce D. Smith, P.O. Box 134, Juneau, Alaska.

### CONTROL

CONTROL of our internal environment is infinitely more important than all the possible triumphs we may be able to score over external environment.—*Mental Health*, Abraham A. Low, M.D.

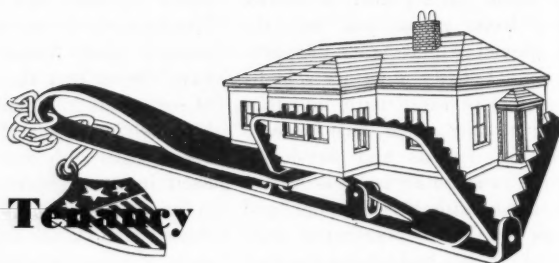
# Joint Tenancy

## Is a Tax Trap

BY J. J. CONTE

HAVE YOU argued with a tax collector lately? If so, this next statement is familiar to you. "We do not want you to pay *more* than you owe, but we demand *all* the law requires."

Some day your widow may hear those words too late to help herself. The rule is: whenever you use your own money to buy property and take title in the name of yourself and another as "joint tenants," you have made a taxable gift of one-half the value of the property and you are at once liable to the Treasury for the Gift Tax. Your unfortunate widow's trouble will not end there because there are two more taxes payable: (1) Estate Tax and (2) Income Tax. This rule applies to real estate, stocks, bonds, and other types of property.



*You can avoid today's worst tax trap by changing the title to your property.*

Let us assume that you had purchased a home with your own funds for \$20,000. Merely by having the title put in "joint tenancy," you have made an immediate gift of \$10,000 to your wife and it is taxable as a gift. Now in this situation, let us look at the second tax your widow will face.

The Federal Estate Tax trap: After his death a man is frequently liable for a Federal Estate Tax. Suppose that the \$20,000 home you purchased is worth \$40,000 at the time of your death. Since you made a taxable gift of one-half of the house to your wife, you may assume that only the remaining one-half of the house is taxable as part of your estate. But, under the tax law, your widow will get no such break.

The whole house is included as a part of your taxable estate. To make matters worse, if you pur-

chased your house with community property funds in a community property state, it is still *all* included in the taxable estate. Furthermore, your house is taxable not at its cost, but at its market value at the time of your death. So by having your home in "joint tenancy," your estate is increased by \$40,000. Heaven help the poor widow! But there is still more punishment in store for your widow. Certainly the most excruciating tax to pay on a dead husband is the income tax.

Examine the spot in which you have placed your widow. By having your property in "joint tenancy," heavy gift taxes and high estate taxes may force your widow to sell the property to pay these debts. If she sells this house for \$42,000, you would naturally assume, since the house was taxed in your estate at \$40,000, the widow's taxable profit would be \$2,000 or a capital gains tax of 26 per cent or \$520. But, your widow's capital gains tax will be \$5,720, not \$520.

This high income tax results from the fact that the cost basis for a surviving joint tenant is the *original cost* of the property even though an estate tax was paid on the higher market value. So if your unfortunate widow sells the house to pay off the two aforementioned taxes, she is taxed on a profit of \$22,000: actually, \$42,000 less the original \$20,000, or her tax on \$22,000 is \$5,720

*that she must pay in cash.*

The only way out of this tax trap is to remember:

1. The Gift Tax liability stands as it is with no out.
2. Income Tax liability can be reduced drastically.
3. Estate Tax liability can be eliminated entirely in some cases.

### Change "Joint Tenancy"

Go to your lawyer and have him change your "joint tenancy" to *Tenancy in Common*. This is simply another means of a husband and wife having equal shares in property. Your lawyer can make the transition immediately at little cost. Since your wife already owns half of the property, there is no gift tax to be paid. The change in title does not alter her amount of property ownership.

Here is how this simple change helps you or your widow:

1. Only one-half the current value of the property will be taxed in your estate after death. Thus, instead of a taxable \$40,000, the taxed amount is cut to \$20,000 and perhaps precludes your widow from the estate tax bracket altogether.

2. If your widow is forced to sell the house, her income tax will be negligible, for the law stipulates that "the income tax on property held as *tenancy in common*, not 'joint tenancy' will be based on the current market value for the husband's half."

This information is extended in the interest of sounder financial planning and estate analysis. Check with your lawyer, accountant, or life insurance man about applying it to your own personal affairs.

39 South La Salle Street  
Chicago 3, Illinois

### PENSIONS IN THE UNITED STATES

THE PROVISION of an assured retirement income is a prerequisite for satisfactory living in old age, but it is by no means a guaranty. Retirement income is necessary to give freedom from a sense of insecurity and freedom from feeling one is a burden on others. These are important freedoms, but the provision of income in old age should do even more; it should provide the economic base for a good life. Whether it does so in fact, depends not only on the amount of the income but on the capacity of the individual to adjust to his new life of retirement, and on the opportunities open to him to make his new life rewarding.

The needs of the aged are as varied and as important as those of any other group. The aged cannot be given a pittance and then put off in a corner of community life and forgotten. Today, hundreds of thousands of pensioners are living out their lives friendless and alone—often in ill health, unoccupied, and without purpose. With many years of life yet ahead, they are already awaiting death. The payment of a pension simply to keep them alive is not enough. The aged must be given the chance to participate in a variety of activities. They must have opportunity for recreation, for creative activity, for making friendships. They must have the opportunity to secure satisfactory living arrangements and satisfactory health care.

For those who throughout life have learned to adjust to changing conditions, retirement on a reasonably adequate income holds real promise. It does not need to be retirement *from* something, it can be retirement *to* something; for increasing age can mean not only the loss of powers, but growth. Older people can and want to learn. Old age can be, and has for many been, a time of creative activity and rich rewards.

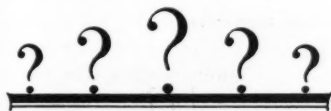
It would be difficult to overstate the role of assured money income, in making retirement a new opportunity rather than a waiting for death. The improvement of income maintenance arrangements is, therefore, perhaps the most important single aspect of the movement to make life worth living for the retired aged.—*Prepared for Joint Committee on the Economic Report by the National Planning Association.*

# So You Know

## Something

### About

## DENTISTRY!



### QUIZ CV

1. In a true mesiocclusion usually there (a) is, (b) is not, a space between the roots of the lower first and second permanent molars in the roentgenogram. \_\_\_\_\_
2. Why is oral administration of aureomycin preferred to intravenous injection? \_\_\_\_\_
3. True or false? A traumatic ulcer of the tongue seldom occurs when the patient is in good health, the tongue being normally resistant to such irritations. \_\_\_\_\_
4. Most overexpansion of amalgam restorations is caused by (a) undertrituration, (b) overtrituration, (c) moisture in the cavity. \_\_\_\_\_
5. When is pulpotomy indicated? \_\_\_\_\_
6. Calcium deficiency (a) increases, (b) has no effect, (c) decreases, the severity of the manifestations of fluoride intoxication. \_\_\_\_\_
7. As a general rule, does the location of the gingival crevice on the tooth surface have any particular significance in deciding whether the gingival crevice is normal or pathologic? \_\_\_\_\_
8. Iodine is (a) less, (b) more, irritating to mucous membrane than to the skin. \_\_\_\_\_
9. True or false? Malocclusion may be tolerated in the young, but destructive processes initiated by occlusal trauma at early ages may continue and extend, becoming evident too late. \_\_\_\_\_
10. Why is a straight snap thrust indicated in removing hydrocolloid impressions? \_\_\_\_\_

FOR CORRECT ANSWERS SEE PAGE 800

# ***An Architect Views the Dental Office***

## **PART II**

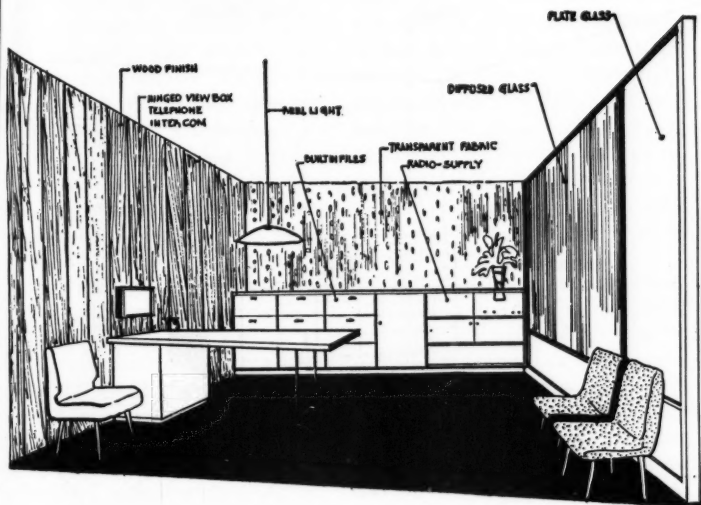
***Practical and artistic planning can make your office efficient  
as well as attractive to patients.***

**BY WILLIAM ELI KOHN**

THE BUSINESS or receptionist's office should be convenient to the reception room for control and to the operating room for assisting the dentist. The location must be suitable for control, but possess privacy for fee discussion and collection, appointment scheduling, and telephone conversations. A solution consisting of the pass-through opening or sliding panel leaves much to be desired. Many excellent translucent and one-side viewing glasses exist today, allowing for the proper solution. Walls can be treated with these materials to give privacy and control. (See drawing A.)

The business-receptionist office, due to traffic and disturbances, requires some soundproofing. Localized soundproofing on a small wall surface has proved to be successful, particularly at the telephone

and typewriter location. The room itself should have the same qualities and effect as the reception room. Wall and floor materials in the reception room are suitable for the business-receptionist office. The ceiling can be of acoustic pans or tiles, stretched fabric, or acoustic plaster. Many offices do not allow or do not have the space for a comfortable business office. Therefore it is important to organize the office equipment and furniture in a compact and functional manner. File cabinets should be of uniform height and can be enclosed in inexpensive wood or press board to permit the use of the space above the files. Likewise supplies, radio controls, and records, can be stored in a similar arrangement, and the effect is one of spaciousness. The furniture should be in scale to the room space. In a small area, the desk, completely enclosed at its base,

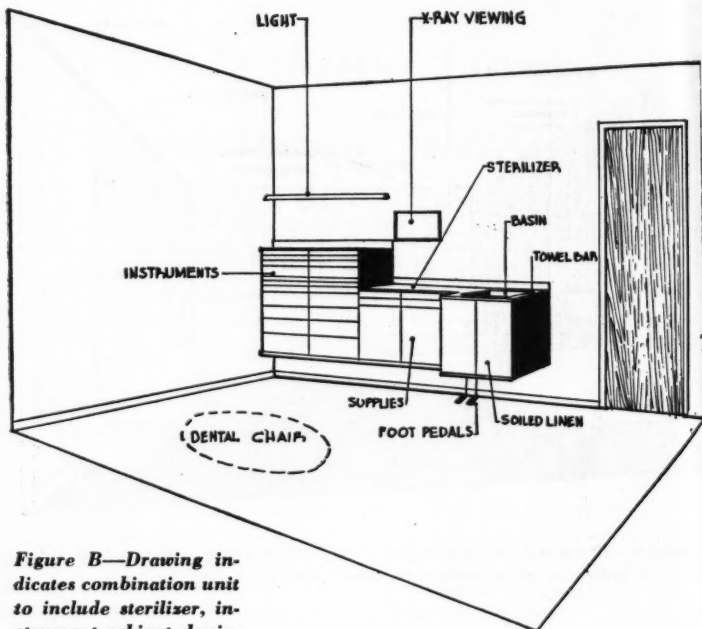


**Figure A—Proposed business office, New York dentist—room is 8' x 10'—drawing indicates glass treatment, scale furniture and built-ins.**

gives the illusion of mass and actually presents an unsanitary and awkward appearance. With the use of plywoods, shapes required can be made to answer the needs of the office. To give the illusion of greater space and organization, it is desirable to clear the desk of some items. Telephones can be wall installed, viewing boxes can be wall installed on a piano hinge to allow for comfortable viewing, lamps can be extended from the wall or lowered in the form of a reel light from the ceiling. The total effect should be one of comfort and efficiency.

We have noted in recent years much progress in the design of dental chairs, cabinets, and equipment. Nevertheless, a successful operating room must be arranged to "accept" the equipment.

Installation of equipment in a room does not constitute high efficiency and good design in itself. Unattractive basins located in corners, behind doors; exposed tanks of nitrous oxide and oxygen; cabinets not integrated with other equipment except by use of color; all make for a disorganized or spotty area. Some dentists have given me the impression that



**Figure B**—Drawing indicates combination unit to include sterilizer, instrument cabinet, basin, storage, and counter space. Installed off the floor at height suitable for dentist's needs.

through traditional use and habit they consider this an acceptable condition.

Drawing B, of the compact instrument sterilizer, basin arrangement, indicates what can be achieved if the unit is designed to prevent this condition and to make the most efficient use of a given space. The unit does not rest on the floor; results in less bending (which appears undignified to the

patient in the chair); gives a more spacious feeling and a more sanitary condition at the floor; more counter work space is available; more storage area, and greater flexibility in its application. It can be installed at a height satisfactory to the dentist, and can be utilized from two operating rooms when they are side by side. The unit can be built in or surface mounted on the wall.

Tanks should be enclosed or placed outside of the room and contents piped to the dental chair. The x-ray viewing box can be wall mounted on a telescopic arm

for convenience, and patients' record cards can be contained in a wall mounted holder allowing for viewing and orderly filing. The entire length of this unit need not exceed seven feet six inches.

Wall maintenance has posed a problem in the area near the cuspidor and surfaces for work. There are available vinyl covered wall papers in a beautiful range of colors, which can solve this problem. They are presently being used in many hospitals and, when installed, give the feeling of a stippled paint finish. Ceilings can be of metal acoustic pans, which are washable, or acoustic tiles, depending on the budget. The floor can be finished with linoleum, plastic, or asphalt tile. It is important to use a sanitary coved base of the same material as the floor to insure ease of maintenance.

#### Lighting

The requirements of special dental lighting are answered by many auxiliary fixtures, but unlike dental lighting, office and reception room lighting should be subtle and diffused. The reception room and business office can be lighted successfully by the use of wall and ceiling coves, reel lights or plastic enclosed ceiling surface mounted fixtures. It is best to avoid table and floor lamps, which give poor light and must be moved in the process of maintenance. Integrated light sources require less maintenance, give a more desired

effect, and give you the light where you need it. Wall mounted lamps in fine designs are available today and are the answer to lamp lighting needs when no other solution is possible. Use goose neck, high hats or exposed fluorescent fixtures seldom, as these fixtures are commercial in appearance, give off a harsh light, and can result in an uncomfortable feeling.

Laboratory and operating-room, counter-top lighting is advisable and can be achieved by use of baffled, slimline, or fluorescent lighting.

#### Summary

The dentist functions in his office for a major part of the day. It is important to consider him as well as the patient. The surroundings he works in must likewise give him the effect of comfort, efficiency, and organization. It is the over-all picture of the office, which is of prime importance.

Correct use of materials, color, lighting, and location of equipment, help create this over-all plan. When planning an office, it is wise for the dentist to spend his energy and money properly, which is not always achieved by utilizing accepted, standard or antiquated methods of office design and decoration. The feeling of accomplishment, compliments of patients and the non-patient's awareness, are rewards for a refreshing and proper scheme. Few dentists have all the space they require and de-

sire; few have the budget available to complete such plans. It is therefore important to use the budget and area available wisely. An intelligent and fresh approach can give results far greater than anticipated.

This article has been restricted to a part of the office functions be-

cause of space limitations. Of necessity, my comments have been general and are not intended to solve your specific problem, but rather to suggest lines of thought and procedure in the planning and design of the dental office.

429 West 44th Street  
New York 36, New York

## SO YOU KNOW SOMETHING ABOUT DENTISTRY!

### ANSWERS TO QUIZ CV

(See page 795 for questions)

1. (a). (Schweitzer, J. M.: Oral Rehabilitation, St. Louis, C. V. Mosby Company, 1951, page 741)
2. Because of its ease of absorption from the gastrointestinal tract. (Bernstein, Emanuel; and Neuworth, Isaac: Prescription Aids in Everyday Dentistry, JADA 43:565 [November] 1951)
3. True. (Blair, V. P.; and Ivy, R. H.: Essentials of Oral Surgery, ed. 2, St. Louis, C. V. Mosby Company, 1951, page 519)
4. (a) undertrituration. (Kilpatrick, H. C.: Elimination of Factors Affecting the Finish of Amalgam Restorations, D. DIGEST 57:401 [September] 1951)
5. In cases where the apical part of the root has not yet formed. (Gottlieb, Bernhard; Barrow, S. L.: and Crook, J. H.: Endodontia, St. Louis, C. V. Mosby Company, 1950, page 48)
6. (a) increases. (Massler, Maury; and Schour, Isaac: Relation of Endemic Dental Fluorosis to Malnutrition, JADA 44:164 [February] 1952)
7. No. (Goldman, H. M.: Periodontia, ed. 2, St. Louis, C. V. Mosby Company, 1949, page 106)
8. (b) more. (Accepted Dental Remedies, ed. 17, American Dental Association, 1952, page 48)
9. True. (Robinson, H. B. G.: Periodontitis and Periodontosis in Children, JADA 43:709 [December] 1951)
10. There is less distortion than with a slow, rocking motion. (Phillips, R. W.; and Ito, B. Y.: Factors Influencing Accuracy of Reversible Hydrocolloid Impressions, JADA 47:12 [July] 1951)

# TECHNIQUE of the Month

Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling

## Removing an Inlay Without Destroying Margins

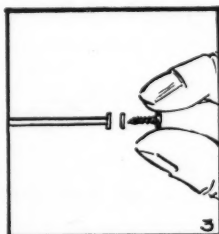
By C. T. NICHOL, D.D.S.



The case: an MOD inlay on the second bicuspid.



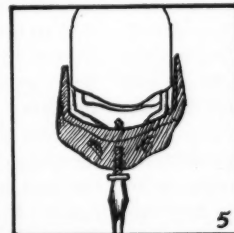
Using a #3 round bur, drill a hole through the inlay into the cement on the occlusal surface.



Remove the screw from a mandrel.



Using a small screw driver, screw the mandrel screw down into the cement.



The screw will dislodge the inlay without damaging the margins.



The screw hole can be filled with gold foil after recementing the inlay.



**POWER SLIDE**—Doctor Robert Prario, San Diego, California dentist, throws his car through one of the Balboa Stadium turns in a recent sports car race. He placed second.

## ***Speed Is His Hobby***

**BY TOM STANBERRY**

***Racing supplies recreation and combats occupational tension for this dentist.***

UNLIKE MOST people today, who relax by slowing down, Doctor Robert Prario, a San Diego, California, dentist, prescribes a fast fling around a race track for his jangled nerves.

I will never forget my first introduction to Doctor Prario as he practiced his prescription approximately three years ago.

"Who is driving that car?" was the question asked, as a cream-

colored sports car streaked into a turn at San Diego's Balboa Stadium track, entered a beautifully executed power slide and expertly passed another car on the inside.

"That is Doctor Prario," somebody answered.

Curiosity aroused, we moved over to the racing pits and watched Doctor Prario ease himself out of the pocket-sized, British-built roadster.

From that first and subsequent meetings, I grew to know the dentist and his unusual hobby much better. Now thirty-five years old, Doctor Prario is a native of Boston, Massachusetts, and a graduate of Harvard College and den-

tal school, class of 1943. Following service in the Navy, he established his dental practice in the port town in 1946.

"I first became interested in sports cars in 1949," he told me, "my first car being one of the earlier model MGs. I soon was intrigued by the little cars and their phenomenal performance. From there it was just a short step to joining a local sports car club," he continued, "and somehow finding time to take part in several rallies and reliability runs. These only increased my fondness for the spunky little machines."

He traces his interest in automobiles and driving back to an early infatuation with one of Henry Ford's first models.

The outbreak of the Korean conflict, however, put a temporary stop to Doctor Prario's new-found pastime. After a short stint of active duty, he returned to civilian practice and resumed his sports car activities.

"One of the first things I did after my discharge was to buy a new MG," he recalls, "and soon I was having varying degrees of success in events sponsored by the Southern California Sports Car Club."

#### Posts Enviably Record

Doctor Prario is being modest, for since his return from the Service, he has posted an enviable record as an amateur driver. In races at Balboa Stadium and at a

local airstrip, he has never finished below third place. In the reliability runs, which are tests of driving skill rather than speed runs, he has been a steady performer.

How does Doctor Prario's hobby fit into his professional career?

"Well," he answered, "naturally, the obligations of my practice come first and they do limit my participation in racing. However, most of the events are scheduled on week ends. My wife and two children enjoy my hobby as much as I do. We all pile into the MG for the tours and reliability runs, and they are my staunchest rooters whenever I race."

What about the dangers involved in racing?

"They are less than those encountered by the average motorist on a Sunday drive," he answered firmly. "You have to remember that we are all amateurs and, consequently, do not take the risks that face professional drivers. The rules of our clubs are enforced rigidly, and the reckless or daredevil drivers are soon weeded out. If a driver is careless, he is immediately flagged from the track. Our membership includes people from all walks of life and professions, and our primary interest is in developing safe driving skills."

"In the two years that our Club has been organized, not one injury or serious accident has resulted," he added. "Compare this

(Continued on page 811)



## Dentists in the NEWS

*Kansas City (Missouri) Times:* A bronze bust of Doctor Roy J. Rinehart, dean of the University of Kansas City School of Dentistry, was presented to the school by Doctor George M. Hollenback, an alumnus, in a ceremony at the Hotel President. Doctor Rinehart has been on the staff of the dental college since 1912, and became dean in 1927. He helped merge the Kansas City Dental College and the Western Dental College, privately owned institutions, into the nonprofit Kansas City-Western Dental College. In his presentation speech, Doctor Hollenback said: "Doctor Rinehart is largely responsible for the high plane of dental education in Kansas City. Thirty-three years ago dental education was in a chaotic condition here because of a spirit of bitter enmity between two privately-owned schools, operated for profit."

*Nashville (Tennessee) Chattanooga Times:* After a two-year tour of duty, Doctor Robert E. Pope was awarded the Bronze Star for meritorious service in Korea and the Combat Medic Badge. He has returned from Korea and reopened his dental offices. He served through the winter of 1951-52 as regimental dental surgeon, then as prosthodontist for the 45th Division.

*Columbus (Ohio) Citizen:* In 1927 Granville bought its first piece of motorized fire fighting equipment and elected Doctor Jacob W. Rohrer chief of the Volunteer Fire Department. Despite his 75 years, Doctor Rohrer still responds to the fire siren, but has given up running to make the truck in time to arrive

at the scene. Doctor Rohrer is one of Granville's two dentists and helped organize the Licking County Volunteer Firemen's Association and served as its president for six years. When he has a patient in the chair and the fire siren sounds, Doctor Rohrer sends one of his three assistant chiefs. Since the founding of the Association, 92 men have "taken the pledge" as volunteer firemen and not one of them has ever accepted payment. From 1906 to 1908 Doctor Rohrer coached athletics and taught physical education at Denison University in Granville.

*Council Bluffs (Iowa) Nonpareil:* Doctor and Mrs. Carl Brandt returned recently from Waukegan, Illinois where they held a reunion for the first time in seventeen years with their three sons—all Navy Commanders.

Doctor Brandt and his sons all are dentists and they attended the Chicago Midwinter Meeting together.

*Boston (Massachusetts) Traveler:* After the age of 60, Doctor Joseph S. Efremoff, an oral surgeon of New York, took his first brush strokes as the start of a widely popular hobby—painting. Although he has had no lessons in art, Doctor Efremoff has met with enough success to find that painting has opened a new world to him. A year ago he won first prize over 139 painters at the annual show of the Village Art Center in New York. The professional artists were astounded when they learned that Doctor Efremoff was a beginner.

He has never sold a painting. Instead he gives them away as presents. Doctor

Efremoff helps other artists financially and is grieved to see how many really fine artists today are in need.

When he is finished with a patient, Doctor Efremoff turns to his easel. In addition to an outlet for creativity, he finds that painting is more profitable than "listening to your rheumatism."

*Detroit (Michigan) News:* Doctor David Harris, an Oklahoma dentist, announced that he would let the highest bidder extract his ailing wisdom tooth for charity. He was saved from the ordeal when someone dusted off an old statute, the Oklahoma law that makes it a crime for a patient to extract a dentist's tooth.

*Omaha (Nebraska) World Herald:* After graduating from the University of Nebraska Dental College, Doctor William A. McHenry returned to Nelson with his dentist father to practice dentistry. He is a past-president of the Nebraska Dental Association, and is now Senator from the Thirty-Second District and sits next to a fellow dentist, Doctor C. C. Lillibridge of Crete. Doctor McHenry has decided that something must be done to improve the highway situation during his first Legislative term.

*Knoxville (Tennessee) News-Sentinel:* A \$25 prize is being offered for the largest pumpkin raised in a Fountain City contest. Doctor David Reid, who originated the idea, will pay the prize out of his own pocket. He is concerned with the amount of vegetables his patients consume and believes they would be better off if they ate more nourishing foods. Only school children who were treated at the County Welfare Dental Clinic may enter the contest.

*New York (New York) Times:* A courageous Manhattan dentist, Doctor Emanuel Rosenwasser, 58, was shot in the thigh while attempting to subdue

an armed robber who had entered his office and posed as a patient. Doctor Rosenwasser was taken to St. Vincent's Hospital where his condition was described as "not serious." The robber escaped but was apprehended two weeks later. It was learned that he had made a business of robbing dentists as they examined his teeth. Detectives traced the gunman through a key chain containing three keys and a miniature set of false teeth, which he left behind. In addition, police were given x-rays of the gunman's teeth by another dentist victim, which was all the proof they needed.

*Long Beach (California) Independent Press-Telegram:* Doctor Douglas W. Stephens, Long Beach dentist, is the author of the cover feature in the March issue of *Radio-Electronics*, a national technical magazine in the field of radio, television, and audio frequency.

His article "TV Comes Over the Mountain," tells the story of how television was brought to the little mountain community of Mount Baldy. Doctor Stephens' hobby is electronics, and he is a director of the Mount Baldy Television Association.

*Detroit (Michigan) News:* One of ten children, Doctor George R. Martin and three of his six brothers are dentists. He recently observed his 92nd birthday by working as usual in his Croswell office, where he has practiced for sixty-four years.

In his early years, Doctor Martin was successful as a photographer, but he allowed one of his brothers to persuade him to turn to dentistry, so he sold his shop and entered Philadelphia Dental College. Doctor Martin established a reputation for dentures and his patients come from Detroit, Grand Rapids, and even Chicago.

*Greensboro (North Carolina) Daily News:* Caswell County's flying dentist,

Doctor L. Graham Page, has invented a device for controlling the flight of an airplane. Years of study produced the idea involving a new flight principle, which he feels might revolutionize aviation. Doctor Page built the first airfield in the county on his 436-acre farm, thus establishing a precedent as a flying pioneer.

His new theory is incorporated in a model plane, built of plastic in his laboratory during spare time. The fundamental difference between his model and aircraft used today is the absence of a fuselage behind the trailing edge of the wings, at which point the movable tail surfaces begin.

*Minneapolis (Minnesota) Tribune:* Doctor Jay N. Pike was named "Dentist of the Year" at the annual meeting of the Minnesota State Dental Association. Specializing in orthodontics, Doctor Pike has devoted fifty years to dentistry.

Following high school in Lake City, he entered engineering school at University of Minnesota and set his heart on becoming an engineer and architect. His ambitions along these lines were shelved when he found that he lacked the funds to continue his studies in Paris. After graduating from the University of Minnesota college of dentistry in 1903, he realized the value of engineering as a basis for dentistry. Doctor Pike was one of the founders of the Minneapolis Dental society and served as president in 1912.

Active in all sports, Doctor Pike is a past president of the Twin City Figure Skating club and has competed in many national and midwest figure skating contests. He is still the center of attraction; skaters stop to watch him, and many plead for instructions.

*New York (New York) World-Telegram and Sun:* The judges for the annual color-slide contest held at the Waldorf-Astoria recently awarded Doctor Carsten W. Johnson of Pleasantville,

New York, \$100 for his entry. His shot was a night scene of New York which he called "Night Magic," showing bright skyscrapers with windows aglow, in a background of rich deep blue. Doctor Johnson's club, the Color Camera Club of Westchester, received a duplicate prize. The company, which sponsored the contest, makes industrial calendars and gifts. They plan to use the best of 3000 slides submitted to them for calendar displays.

*Omaha (Nebraska) World Herald:* A self-taught musician, Doctor Royce C. Swain, composed a popular song entitled "Twice As Much" and sold Decca the words and music. Decca has predicted that the great demand for this tune will permit the Omaha dentist to retire from his dental practice. If this prophesy is correct, no one will be happier than Doctor Swain. His new song is the answer to another tune "Half As Much," written by Hank Williams.

*New York (New York) Times:* The Pepsi-Cola Company has elected Doctor Louis A. Rezzonico of Santa Barbara, California, as a member of its board. Doctor Rezzonico has been the largest individual stockholder of the company for many years. He participated in establishing one of the first Pepsi-Cola bottling plants on the West Coast in 1936.

*Seattle (Washington) Post-Intelligencer:* A Lehigh, Pennsylvania, dentist, Doctor Harold T. Frendt, finally yielded to a lifelong desire to live in Alaska and recently moved to Juneau. He visited Alaska in 1947 and brought back a few huskies. He now owns eight sled dogs and hopes to race them against other dog teams after making his home in Alaska. Doctor Frendt plans to open a dental office in Juneau. His wife and two children will follow him when the school term ends.

**Minneapolis (Minnesota) Star:** A friend, counsellor, and philanthropist, Doctor Robert W. Browne, Minneapolis dentist, has spent most of his life helping others. Although childless, his love of children is demonstrated in the impressive record he has shown in his work with wayward boys. Many of these boys have been paroled to him with good results. They are now reliable citizens with jobs and families.

As a Shriner, Doctor Browne is on hand to see that needy boys and girls get to the Shrine circus. He entertains GIs, barber-shop quartet members, and other friends at his summer home. When the barber-shop quartet organization raised more than \$6,000 to provide equipment for the University of Minnesota Heart hospital, Doctor Browne was responsible for much of the success of this enterprise.

Doctor Browne's offices are located in the Physicians and Surgeons building in this city and he has been arriving there at 6 a.m. for forty years.

**Philadelphia (Pennsylvania) Daily News:** Among the Americans who contributed to the cause of liberty by the things they wrote, said, or did in 1952, was Doctor William B. Richter, Philadelphia dentist. He won second prize for writing the song, "We're The Guys—'GIs' Who Will Win The War." The awards were presented for the Freedoms Foundation by Vice President Richard M. Nixon. The setting for this occasion was a flag-draped barn which stands on the historic shrine at Valley Forge, where this Nation's first President and his tattered troops spent the hard winter of 1777-1778.

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Harriett Shipley, Route #3, Council Bluffs, Iowa  
A. Colburn, 16875 Sussex, Detroit 35, Michigan  
Henry Fischer, D.D.S., 111 East 167th Street, Bronx 52, New York  
Miss June Gregg, P. O. Box 105, Bainbridge, Ohio  
Miss Clara Barjenbruch, Route 1, Leigh, Nebraska  
Helen Pratzeller, 136 Linden Drive, Fairmount, Minnesota  
Samuel E. Ansel, D.M.D., 114 Shirley Avenue, Revere 51, Massachusetts  
Katherine Potter, 1404 Ordway, Nashville, Tennessee  
Jay Barrett, 538 St. Peter Street, St. Paul 2, Minnesota  
Mrs. C. C. Summers, 4236 Porter Avenue, Knoxville, Tennessee  
Theodore Katz, D.D.S., 2802 Grand Concourse, New York 58, New York  
Frederick F. Molt, D.D.S., 728 Medical and Dental Bldg., Seattle 1, Washington  
Mrs. E. G. Troxler, 500 Hillside Drive, Greensboro, North Carolina  
Miss Elizabeth Scott, 1604 Myrtle, Kansas City 1, Missouri  
Elizabeth Merriehew, 1416 East First Street, Long Beach 2, California  
Edward Katz, 2802 Grand Concourse, New York 58, New York

### CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in *Dentists in the News*, we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



## ***Raise Your Voice!***

BY ELIZABETH REED\*

***A few suggestions that will aid you to become an interesting, effective speaker.***

IF YOU can talk interestingly with your friends and can speak loud enough to be heard, you can make an effective speech.

Speech is the most important medium of communication today. Public speaking used to be thought of as just a pleasant accomplishment. Today public speaking is a necessity. The telephone has made us conscious of pleasant voices. We have become aware of the persuasive voices of radio announcers and performers; television has

given us an idea of how we look when we talk.

Education is the prime objective of the public health worker and a great deal of education today is done through the spoken word. Many public health workers teach classes, conduct conferences, act as advisers to school groups, as well as make speeches. In all these situations, the ability to make a good talk is an asset.

There are numerous cardinal principles to be followed in making a speech. They can be found in good books on public speaking.

\*From the *Indian Dental Review*, Bombay, India.

Here are a few ideas that may help you who feel you are not accomplished speakers:

Be enthusiastic; have something to say and believe in it sincerely. Know what you are talking about. Draw local comparisons and give local references—the more the better. Start off with a funny story or dramatic statement and logically lead up to the kernel of your subject. Use your own judgment; do not be afraid to “set the stage.” For instance, if the room is noisy, ask for quiet.

Remember who your audience is. There is no use giving a highly technical speech to a nontechnical audience. But do not talk down to your audience. Appeal to the ego. Use the words *you*, *yours*, *we*, *ours*. Do not read your speech. You may be so overcome by the beauty of your own voice or so dismayed at your prosaic ideas that you will inevitably read it in a sing-song way. Use notes written clearly on stiff cards. Then, if your hands become wet with perspiration, the cards will not wilt. Also, they will not betray your trembling hands. Give human interest stories, drawn from your daily work—of course, with all names omitted. But do not let the stories break your line of thought—let them point up your idea.

Be sure to use humor when it is in good taste. The use of humor is like the use of a feather on an arrow: The feather guides the missile to its mark. Above all, be

able to laugh at yourself. There is nothing that will win an audience so quickly as a tale of an incident in which the laugh is on yourself. Do not apologize for your lack of preparation or for the fact that you are a poor speaker. Your audience will find it out soon enough. And do not worry if you are nervous. Actually, anticipation keeps you on your toes. During the introduction, your heart skips beats, your mouth becomes full of cotton, and spots appear before your eyes. But once you stand on your feet and remember what you most urgently desire to get across to the group, all these nervous system reactions will disappear.

Know how to pronounce words. Use exhibits, charts, or demonstrations, but be sure they can be seen by persons who sit in the back row. If you use statistics, humanize them.

#### Appearance Important

You will gain a great deal of poise if you know you look attractive. Find out if the occasion is formal or informal. Do not wear the kind of clothing that will call attention to itself. Be well dressed, but on the conservative side. If you ordinarily wear glasses, do so when you are speaking. They will look better and are less distracting than if you have to fumble for them every time you want to see your notes.

Speak in a clear, easily heard voice. Do not mumble; enunciate

your words. You may have to slow down to accomplish this. Try to eliminate repetitious mannerisms. Do not pace back and forth in an endless circle or try to pull off your right ear lobe. Use your hands for gestures, but do not fiddle. Do not worry about your hair—arrange it so it will stay in place, and you will not have to worry. Look at your audience, not at the ceiling or your feet. They will know you are embarrassed and they will be embarrassed for you.

Before the meeting opens, have an understanding with the program chairman so that he gives a short, simple, factual introduction. A shower of words about your past accomplishments, often given by a person who has never seen you before, sounds insincere and adds nothing to your prestige. Obtain a copy of the complete program. Who is to come before you, or with whom do you have to compete? Find out how long you are to talk and stay within your time limit. Do not let a sleeper in the front row disconcert you. There is usually one in every audience. But if nodding heads become numerous, or your audience begins to slip out of the room, you had better check the ventilation or end your speech quickly and gracefully. A good speaker is often judged by his terminal facilities—his closing words. It is a good idea to write out your last few lines.

Do not try to put across too many ideas at one time. If you put across one, you have done a good job. Do not treat your subject so carelessly that your listeners feel that they were not worthy of your time and attention. Do not make the solution to your problem an impossible one. Let the people in the audience know how they can help. If it is feasible, let people ask questions at the end of the talk. Be adaptable—if distracting, little children run up and down the aisle, either tell fairy stories or stop talking at the end of five minutes. Remember you may be asked to supply copies of reports or notes for reporters or recorders.

Good public speaking takes practice. Try to improve your delivery by practicing in front of your mirror, or before family or friends. Have something to say—the message is the important part of any talk. This is true whether you are making a speech to an audience of a thousand, discussing a problem at a staff conference, or making a contribution at an open forum. Realize that your speech will not change the attitudes of all your listeners, but be happy if it makes five people stop and think and eventually act.

There are few orators these days and they are usually viewed with suspicion as professional vote seekers. There are many compe-

tent speakers, and there should be more public health speakers among them. When your knees begin to shake, remind yourself that most of the people in the audience could not do so good a

job as you will do. But what is most important, it is our duty in these difficult times to speak up in the best democratic tradition. Stand on your feet and raise your voice!

### SPEED IS HIS HOBBY

(Continued from page 803)

with the record of a like number of highway drivers and you can see that the dangers are negligible."

He sums up his thoughts on speed thus:

"I firmly believe that if people would spend more time improving

their driving skills—just as pilots do with airplanes—there would be far fewer traffic fatalities."

This sounds like a good prescription, Doctor Prario!

1007 East 16th Street  
National City, California

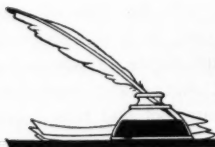
### SPECIAL REGISTRATION FOR PROFESSIONAL RECRUITS

IT IS APPARENT that there is a new type of recruit at the induction centers. They come in under the special registration of physicians and dentists up to fifty-one years of age, according to the now famous Public Law 779. This group appear like grandfathers to the young inductees—and some of them are. They come for examination with letters of disability, roentgenograms, electrocardiograms, and hearing aids. Here are some of the humorous incidents that are common occurrences:

1. Young chief of recruiting station making a speech to the new recruits says: "I am a young doctor and expect to get out soon to open up a private practice. If I am going to develop all the troubles you fellows have in the next twenty years, I'm thinking seriously of changing my profession."

2. When giving directions for filling out a questionnaire, the sergeant says, "In answering the question: What is your usual occupation? Write dentist, physician, or specialist." Loud voice in the rear, "What do I write if I am retired?"

3. In the examination room, there is a large sign on the wall that says in big, black letters, "If you have any of the ailments or physical disabilities that are listed below, report them to the examining physician." The physician looking over the recruits says, "Anyone who has any of the conditions listed on the sign above, please step forward." Recruit squinting, "What sign, please?"—HENRY FISCHER, D.D.S., *Bulletin of the Bronx County Dental Society.*



## EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

### DENTISTS GET IT IN THE NECK

DENTISTS have the dubious distinction of being the only people in the population who are being drafted for military duty, if they are past 40. At present physicians past 31 are not being called. Dentists in the 41-42 age group have been ordered for induction.

If you are a lawyer; a farmer, a businessman, a professor, a vagrant, or anything else, you need have no fear of being drafted, if you are past 26, unless you have had a deferment to complete your education. But a dentist is different: he is subject to draft until he reaches his fifty-first birthday.

Dentists are required in the Armed Services to care for military personnel, which is their proper mission. Reports from some installations suggest that a considerable amount of time is required for the treatment of the dependents of military personnel. In some parts of the country where the civilian dental population is low, the care of dependents by military dentists is a necessity. Such care, however, should be considered on an emergency basis only. There is no reason why complete and definitive dental treatment for wives, children, parents of the military, should be an obligation of the United States Government. It is an outrage to take dentists from civilian life and require them to give dental care at government expense to the dependents of military personnel. This is socialized medicine in a vicious form.

There have been and probably now are flagrant abuses in some camps where dental officers are expected to give attention to dependents. How many man-hours are spent by dental officers, what kind of service is given, or the type of treatment, are facts that are not known. Dental officers who find themselves in this situation are not disposed to write for publication, or to report in specific detail to representatives of the American Dental Association. They would be doing a conspicuous service if they did so. The fear of reprisals from the military brass, however, hangs over their heads.

The dentists who are younger than 45 and have had no previous military service, can be reasonably sure that they will be called for duty. The maximum age for the "doctor's draft" will likely be retained at 51, and the physical requirements will be drastically lower. The dentist who is able to carry on his civilian practice will be considered robust enough to serve in the military. The fact that a dentist now in his forties was turned down for service during World War II for physical causes, is not a reason for him to expect rejection now.

At the time of this writing (May 1953) it appears that the "priority" designations will be eliminated in the new law. There will be two classifications: First Group (non-veterans); Second Group (veterans). The intent in this simplified classification will be to call non-veterans first, in the order of their age. When the dentists in the First Group are insufficient to fill the needs, veterans will be called. The fact that a dentist is in the Second Group because he has had a tour of military duty is no assurance that he may not be recalled. You can be sure that if dentists are needed, veterans will be drafted.

Every dentist in the United States under the age of 51 should consider himself a potential candidate for military service. He should plan all his affairs with that in mind. Men with families, with mortgages and insurance commitments, must look at their economic status in a realistic way. Even with the \$100 a month extra compensation, the middle-aged dentist in Service who has heavy obligations, will find himself in a precarious position. So far as debts and obligations are concerned, the man in his forties with 'teen age children is in a different position from the younger one under 26 who is being drafted.

Some of the middle-aged dentists who have been or will be called for compulsory military duty, will have difficulty reestablishing themselves after their tour of military duty. Their offices will have been taken over by others. Their patients will be scattered. They will be deeply in debt. It is quite a different thing to establish a practice when one is in his twenties and to reestablish it when he is in his forties.

Dentists are being discriminated against by a form of class legislation. When one group in the entire population is being called for compulsory military service when its members are past 35, it is a subject that should be of concern to every dentist, whether he is old or young, veteran or non-veteran.

*Edward A. Ayman*

Q

## ASK Oral Hygiene

A

Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

**Diabetic Patient**

Q.—Can you offer suggestions for the following: a patient of mine, age 52, has diabetes and is taking 20 units of N.P.H. insulin daily. Her gingivae are soft and bleed easily. I have been scraping pockets, cleaning the teeth, and using superoxol on the gingivae. The condition of the tissues fluctuates. What can I do to improve her gingivae? I have ground her teeth for traumatic occlusion.

Any suggestions will be appreciated.  
—D.L.H., North Dakota.

A.—As you know, diabetes has an unfavorable influence on the soft tissues of the mouth. Periodontal disease is likely to develop and in some cases is difficult, if not impossible, to control.

The treatment administered to your diabetic patient is generally used and, in most cases under insulin therapy, will give good results. It would be wise for you to continue the prophylaxis treatment at frequent intervals and see that the home care is meticulous.—  
GEORGE R. WARNER.

**Removal of Root Tip**

Q.—It has been my pleasure to read your solutions to problems of dentists for some time and it is now my turn to seek your advice. The solution to my question is one of judgment.

Enclosed are two roentgenograms, one taken before and one after the extrac-

tion of the bicuspid. In view of the fact that the sinus membrane could be seen immediately after the extraction and the possibility of antrum involvement is quite evident, should an effort be made to remove this small root tip, or should it be kept under observation?

Would there be any value in waiting two weeks before attempting removal?  
—E.E.A., Louisiana.

A.—It would no doubt have been best to stay with the job and remove the root tip at the time of the extraction. Since you could see the sinus membrane, you of course would have exercised the necessary care not to penetrate the membrane or push the root tip through.

I think it should be removed before you forget whether it is from the buccal or lingual root. A generous gingival flap should be laid back and enough buccal or lingual bone should be removed to provide access to the root for its removal, without force upon the membrane.—V. CLYDE SMEDLEY.

**Neurologic Reaction**

Q.—Approximately two months ago, I extracted several teeth for a patient. This patient, a man, age 55, has had an overabundance of saliva, which became excessive about three weeks after the extractions. Salivary glands are pouring saliva into his mouth. This patient's physician has tried every possible remedy and has not arrived at satisfactory re-

# WERNET DENTAL LORE

JUNE 1953

Population growth seems to be winning the race against growth in the ranks of dentistry. As against 1815 persons per dentist in 1947, there are 2000 per dentist today. Indeed, it is estimated that dental schools would have to graduate at least 400 more dentists per year than now, just to keep abreast of the increasing population.

The history of caries treatment has gone through as many evolutionary stages apparently as the history of the human race itself. Celsus (circa 90 AD) was one of the many down the ages who attempted a prescription to prevent tooth decay. His was called "Sory" (no relation to "so sorry!"), and contained poppyseeds, pepper and copper sulfate, made into a paste with galbanum.

In spite of the unusually high degree of civilization achieved by the Mayan culture, history records no dentists as such among them. Inlays found in the teeth of Mayan skulls were the work of artisans dedicated to the making of jewelry and pottery.

The first scientific text devoted entirely to a discussion of the anatomy of the teeth was contributed in 1563 by the Italian Bartholomaeus Eustachius—better known for his description of the Eustachian tube of the ear and the Eustachian valve of the heart.

It was F. H. Balkwill, who in 1866 first studied the engineering principles underlying the mechanism of masticatory action, thus laying the foundation for the functional soundness of the modern artificial denture.

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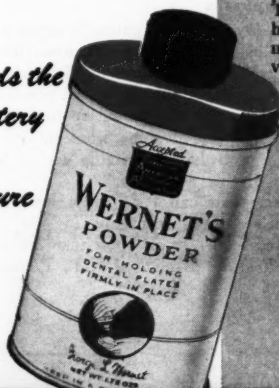
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Wernet's Powder has the achievement of manipulative skill, by its improvement of stability and retention. It helps reduce initial discomforts, by its soft, resilient action. Particularly when the adjustment problem is aggravated by anatomical handicaps and psychological difficulties, it encourages patience and perseverance.

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sults. Can you suggest something to stop this flow of saliva?—G.F.P., South Dakota.

A.—A sudden excessive flow of saliva often follows the insertion of dentures and seems to be a neurologic reaction to the foreign bodies of the mouth. I suspect the removal of the teeth in this case has had the same reaction.

There is nothing harmful in this excessive flow of saliva and, if your patient will accept it as being a natural consequence of the removal of the teeth, it will gradually lessen.

Belladonna or atropine will control the flow of saliva, but these should be used with care and only for a short time.

One author<sup>1</sup> advised the use of the following mouth wash, as a means of promoting comfort in this condition:

R. Alum	4.0
Acid Boris	4.0
Tinc. kramer	6.0
Glycerine	10.0
Aq. q.s.a.	240.0

Sig. A teaspoonful in  $\frac{1}{2}$  glass of warm water to be used as a mouth wash.

—GEORGE R. WARNER

### Bleeding After Extractions

Q.—Over a period of years, I have prescribed 5 grains of calcium lactate in premedication of bleeders. The patient is given this lactate a full day before extractions are scheduled and, thus far, it has been successful. He is told

to take two 5-grain tablets every two hours, starting 24 hours before extractions. Lately, I have had several cases in which lactate has not solved the bleeding problem after the teeth are removed. What do you use for patients suffering from this condition?

This type of patient usually has a number of teeth showing rampant caries or with abscesses, and the blood count is a little below normal. The clotting time also is longer than normal, and these sockets usually have to be packed late the evening after extractions or early the next morning. Can you suggest a more efficient drug to combat this bleeding?

Thank you for past courtesies.—R.W.S., Pennsylvania.

A.—We have not found oral administration of any drug of a great deal of value in controlling bleeding, following the removal of teeth.

Our exodontist uses koagamin to control bleeding. If there is a history of bleeding, he uses it before operating, but it is effective in controlling unanticipated post-operative bleeding. It may be used intramuscularly or intravenously, one to one and a half c.c. to an injection.—GEORGE R. WARNER.

### Hypoplasia

Q.—My 8-year-old patient's upper and lower centrals and laterals, also the 6-year molars, are deformed. The incisors are undeveloped on the incisal one-third and the tooth crown is spotted with yellow. Please give me whatever information you have available as to the cause of this condition.

Also, what can I do to prevent this condition from occurring in the unerupted teeth? In all other respects, she is a healthy patient.—J.F.M., Pennsylvania.

<sup>1</sup>Prinz, Hermann, and Greenbaum, S.: Diseases of the Mouth and Their Treatment, Philadelphia, Lea and Febiger, 1935.



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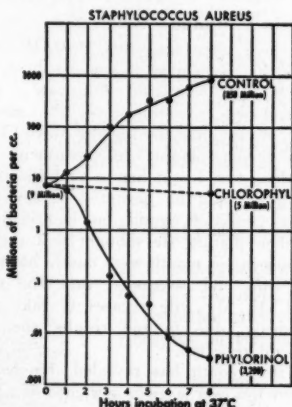
*Gingivitis  
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Vincent's Infection  
Periodontal Pockets  
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A.—If the deformed condition of the permanent incisors of your eight-year-old patient is simply and only lack of enamel on the incisal edges, this would seem to be a case of enamel hypoplasia. Hypoplasia may be caused by rickets or hypoparathyroidism, or may even be hereditary.

"In the hereditary cases, the enamel may be yellow-brown, smooth, glossy, hard, and their shape resembles teeth prepared for jacket crowns."<sup>2</sup>

I should be pleased to have x-rays of this case, then I can tell you more about it. The yet unerupted teeth may or may not be malformed, but you can do nothing about them now.—GEORGE R. WARNER.

#### Lichen Planus

Q.—I often read ASK ORAL HYGIENE and am wondering if you can help me.

My wife, who is fifty-five years of age, developed a condition of the mouth, which was diagnosed at the Mayo Clinic as lichen planus. No treatment has helped her. I sent her to a physician in Chicago and he hesitated to say that her condition could be identified as lichen planus. He thought that the lesions in her mouth were due to her time of life and suggested that she take ACTH. My wife refuses to take this remedy, due to the results she has heard reported.

Her mouth has revealed this condition for over a year now, and it alternately improves and then grows worse. This makes her extremely nervous, and she is hardly able to brush her teeth.

Now I am concerned about the loss of her teeth, caused by the inability to brush them.

The inflammation is on the buccal surfaces, extending from the third molar region to the first bicuspid, affecting the gingivae of the molars. The skin also has that milky, white appearance associated with lichen planus.

Can you give me any information on this condition? Mercury and arsenic have been used, but I do not know how. Please give me the name of a good oral pathologist to whom I can write.—V. C.D., Illinois.

A.—Your description of the lesion in your wife's mouth, as well as its location, would seem to indicate that it is lichen planus.

Consultation of many authorities indicates that the etiology of this condition is unknown and the effective treatment is, likewise, obscure. All of the books speak of mercury and arsenic in the treatment, and one authority<sup>3</sup> says, "roentgen-rays and radium yield excellent results in some cases. Heavy doses of Vitamin B Complex and estrogens and androgens have given relief in some oral cases." One author<sup>4</sup> suggests the use of Fowler's solution, starting with five drops in a little water after breakfast, and increasing five drops per day until up to 40, and then decreasing five drops per day until back to five. However, this should be given by a physician and the patient watched for

<sup>2</sup>Miller, S. C.: *Oral Diagnosis and Treatment*, The Blakiston Company, Philadelphia, 1950.

<sup>4</sup>Prinz, Hermann, and Greenbaum, S.: *Diseases of the Mouth and Their Treatment*, Lea and Febiger, Philadelphia, 1935.

<sup>2</sup>Orban, Balint: *Oral Histology and Embryology*, D. Gaz. 12:187-188 (December) 1945.

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clinical signs of arsenic tolerance.  
—GEORGE R. WARNER.

### Erosion

Q.—I have two patients, father and daughter, who are affected with erosion. This is not confined to the posterior teeth, as is often the case, but instead the enamel of the six anterior teeth is eroding severely. All the material that I have read on erosion has been theoretical. I want to know if anything is definitely known as to the cause.

The daughter took lemon juice in hot water every morning, until I noticed the erosion and advised her to discontinue its use. Now she takes orange juice every morning and the father takes either grapefruit, or orange juice, every morning.

If citrus fruits do cause this condition, could the patient use a neutralizing agent immediately after taking the fruit to avoid trouble?

What neutralizing agent would you recommend?—J.M.B., Tennessee.

A.—Citrus fruits, especially lemon, certainly do cause tooth erosion in many mouths.

Probably the best preventive of this erosive action is to follow the fruit juice immediately with a whole meal, or to rinse the mouth thoroughly with soda water immediately after taking the juice.

—V. CLYDE SMEDLEY.

### Excess Saliva

Q.—I have a problem that has me quite baffled. I made a lower partial

denture for a man seventy years old. He wore this denture for ten months, then came in and claimed the denture bothered him, and he was drooling saliva from both corners of his mouth. I relieved the inflamed spots of the gingivae where the denture might be pressing and causing irritation, but that did not stop the drooling.

Will you tell me what can be done for him. Do you think my partial denture might be the cause?—J.D.R.S., Missouri.

A.—When dentures, either full or partial, are first inserted, they frequently cause a temporary increase in saliva flow with nature attempting to dissolve and make digestible this foreign substance in the mouth. But usually, as soon as the denture is comfortable, and the patient becomes accustomed to its presence in the mouth, the excess flow ceases.

If you can instruct your patient to suck and swallow his saliva more frequently, this will probably solve his difficulty.

Sometimes where full denture patients have this difficulty of saliva seeping into the wrinkles at the corners of their mouth, making new dentures, opening the bite, and plumping the cheeks may smooth out the wrinkles and prevent the seeping.—V. CLYDE SMEDLEY.

### WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

## DENTIST IS SUED FOR ALLEGEDLY INFECTING PATIENT

Thirty years ago the above headline was fairly common. Of course, the "allegedly" protected the newspaper from a libel suit. But it did not help the poor dentist whose practice was often irreparably damaged. Even though the case was decided in the dentist's favor, the harm was already done. Subsequent headlines failed to explain that the infection was there in the first place, or that the mouth was filthy, or that a dirty finger had been placed in the socket by the patient.

It was impossible to explain all these things to everyone who had read the article—and the stigma often remained.

This form of "shakedown" was often tried by patients in those days, when they found that the dentist had no sterilizer, or other adequate means of proper sterilization.

Today dentists are extremely conscientious about sterilization, for their own protection as well as for the patient's.

However, at the present time in offices where up-to-date sterilization methods are in constant use (autoclaves, molten metal sterilizers, oil sterilizers and the best types of cold sterilization) a den-

tist will take his fingers from a patient's mouth, wet with saliva, and stick them into a box, or drawer, or compartment for a sandpaper disc, touching any number of other discs while trying to find the proper size or grit.

*Patients notice these things. Be up-to-date. Use "The MODERN Way to Handle Discs." Keep them clean and true. Save time, energy and embarrassment.*

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## LAFFODONTIA

Nothing can give you that rundown feeling like jaywalking.

Mother: "Now, Junior, be a good boy and say 'Ah-h-h' so the nice doctor can get his fingers out of your mouth."

Teacher: "Have you ever heard of Julius Caesar?"

Pupil: "Yes, sir."

Teacher: "What do you think he would be doing now, if he were alive?"

Pupil: "Drawing an old-age pension."

The butcher was busy waiting on a customer when a woman rushed in and said, "Give me a pound of cat food, quick!"

Turning to the other customer she said, "I hope you don't mind my getting waited on before you."

"Not if you're THAT hungry," the other woman replied.

Sales Clerk (to the Mrs.): "If you remove the bodice of this outfit, you have a playsuit. If you remove the skirt, you have a sunsuit."

The Mr.: "And, if you remove anything else, you'll have a divorce suit."

A Scotchman had to send an urgent telegram and, not wishing to spend more money than necessary, wrote like this:

"Bruises hurt erased afford erected analysis hurt too infectious dead."

The Scotchman who received it immediately knew that it said: "Bruce is hurt. He raced a Ford. He wrecked it, and Alice is hurt, too. In fact, she's dead."

Poverty is a state of mind, often induced by a neighbor's new car.

Jones: "Henry, you are a married man. Do you believe marriage is a lottery?"

Henry: "No, Jones, marriage is not a lottery because in a lottery a man is supposed to have a chance."

Peevish Wife: "You think so much of your darn old football, you don't even remember when we were married."

Complacent Hubby: "Don't I though! It was the day Morgan college beat Preston twenty-three to two."

First Soph: "I'm forgetting women!"

Second Ditto: "Me too. I'm for getting two or three and having a party."

The city youngster was roaming around in the country when he found a pile of empty condensed milk cans.

"Hey, guys," he called excitedly. "come here quick! I've found a cow's nest!"

Officer (to colored driver who has been whipping his horse): "Don't whip him, man—talk to him."

Driver (to horse by way of opening conversation): "Ah comes from N'Awleens. Wheah does you-all come from?"

Mother: "What did your father say when he fell off the ladder?"

Junior: "Shall I leave out the naughty words?"

Mother: "Of course, dear."

Junior: "Nothing."